

# State Well Report

## Part 1

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 10631  
Jackson, MS 39289-0631  
(601)961-5210  
(601)354-6938 (fax)

County: Bolivar  
 Permit #: GW 41362  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date drilling completed: 10-11-06

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: F-314  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

**State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.**

Well Owner Information	Well Location
Owner Name: <u>Wood Duck Farms</u>	Latitude: <u>33 49 59.0N</u> Longitude: <u>90 52 27.5W</u>
Mailing Address: <u>c/o Johnny Brister</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>1796 Hwy. 8</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Cleveland MS 38764</u>	<u>NW 1/4 NE 1/4 Sec 24</u> ✓ <u>Twon 23N</u> ✓ <u>Rng 7W</u> ✓
City State Zip Code	<u>NE NW</u>
<u>662-723-6235</u>	Distance Direction Nearest Town
Telephone No. ( )	<u>3 Miles NW</u> of <u>Pace</u>

**Well Data**

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_

Date well drilling started: 10-11-06 Date well drilling completed: 10-11-06

If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 20' feet above or below (circle one) land surface Date measured: 10-11-06

Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_

Hole depth: 116 Well depth: 116 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 76 feet Casing diameter: 16 inches Type of casing: PVC Sch. 40

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC Sch. 40

Screen slot size: .050 inches Setting depth: From 77 feet to 116 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: \_\_\_\_\_ feet. If telescoped or more than one screen, describe on back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Irrigation Equipment Inc.  
Patrick M. Chism 0695

*Patrick M. Chism*  
Signature of Water Well Contractor

Print Name of Water Well Contractor and License No.

Owner contracted with Peacock Pump & Repair.  
Peacock Pump & Repair will install pump.

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BY: OLWR



# STATE WELL REPORT

## Part 2

**Pump Installer's Completion Report**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: F-214  
 Elevation: \_\_\_\_\_

County: Bolivar  
 Permit #: GW41362  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date completed: 10-11-06

*Copy information from block on Part 1*

*This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.*

Well Owner Information	Well Location
Owner Name: <u>Wood Duck Farms</u>	33° 49' 59.0N      90° 52' 27.5 Latitude: _____ Longitude: _____
Mailing Address: <u>c/o Johnny Brister</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>1796 Hwy. 8</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Pace MS 38764</u>	<u>1/4</u> _____ <u>1/4</u> Sec. <u>24</u> T <u>23N</u> R <u>7W</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. ( ) _____	<u>3</u> Miles <u>NW</u> of _____ Pace _____

Pump Type Circle one	Power Type Circle one
Air Lift      Jet      Submersible	<u>Diesel Engine</u> Gasoline Engine      Natural Gas
Bucket      Piston <u>Turbine</u>	Electric Motor      Hand      Tractor PTO
Centrifugal      Rotary      Flowing Well	Windmill      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>10-12-06</u>	Setting Depth: <u>70'</u> feet
Rated Pump Capacity: <u>2800</u> Gallons Per Minute	Number of Stages: <u>1-14"</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line      Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>38'</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Peacock's Pump & Repair Inc. 0-728P      Tommy Peacock Sr.  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

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 BY: OLWR